

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed: **26**

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

**MRS**

**AMY**

NICKNAME

LAST

SUFFIX

**CERNAL**

OFFICE USE ONLY

Date Received

RECEIVED - CSO  
23 APR 20 PM 12:01

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

**PO Box 13587, ARLINGTON, TX 76094**

Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

**(817) 513-5033**

Date Hand-delivered or Date Postmarked

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

**MR**

**SPENCER**

NICKNAME

LAST

SUFFIX

**CERNAL**

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

**4037 APPIAN WAY, ARLINGTON, TX 76013**

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

**(972) 533-9008**

9 REPORT TYPE

☐

January 15

☐

30th day before election

☐

Runoff

☐

15th day after campaign  
treasurer appointment  
(Officeholder Only)

☐

July 15

☒

8th day before election

☐

Exceeded Modified  
Reporting Limit

☐

Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month

Day

Year

Month

Day

Year

**3 / 20 / 23**

THROUGH

**4 / 26 / 23**

11 ELECTION

ELECTION DATE

Month

Day

Year

**5 / 6 / 23**

ELECTION TYPE

Primary

Runoff

Other

Description

**General**

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

**MAYOR OF ARLINGTON**

14 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

GO TO PAGE 2

<b>CANDIDATE / OFFICEHOLDER</b> <b>CAMPAIGN FINANCE REPORT</b>	
FORM CIOH COVER SHEET PG 1	
1. NAME Last, first, middle initial MRS. AMY C. CLARK	
2. OFFICE Office number 1013	
3. OFFICE TYPE Office type GENERAL	
4. ADDRESS Street, city, state, zip 4001 13th St, Arlington, TX 76010	
5. PHONE Home, office, cell 817-513-5033	
6. FAX FAX number 817-513-5033	
7. E-MAIL E-mail address amy.clark@cityofarlington.com	
8. DATE Date of report 12/31/2019	
9. PERIOD Period covered 12/31/2019 - 12/31/2019	
10. ELECTION Election date 12/31/2019	
11. OFFICE Office title MAYOR OF ARLINGTON	
12. NOTICE FROM Political Committee(s) This box is for notice of political committee(s) that the candidate or officeholder has agreed to support. The candidate or officeholder may have been asked without the candidate's knowledge or consent to support a candidate or officeholder who is running for election. The candidate or officeholder should check the appropriate box if they receive notice of such request.	
13. COMMITTEE TYPE Committee type GENERAL	
14. COMMITTEE ADDRESS Committee address 4001 13th St, Arlington, TX 76010	
15. COMMITTEE CAMPAIGN TREASURER Committee campaign treasurer MRS. AMY C. CLARK	
16. COMMITTEE CAMPAIGN TREASURER Committee campaign treasurer MRS. AMY C. CLARK	

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION  
TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN  
PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR  
CONTRIBUTIONS MADE ELECTRONICALLY)

\$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 116,789.39

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 73,524.69

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY  
OF REPORTING PERIOD

\$ 45,137.95

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$ 0.00

18 SIGNATURE

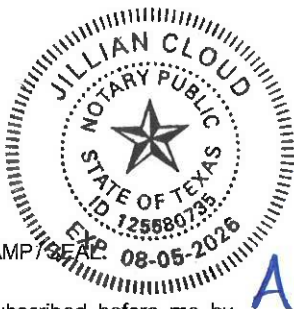
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*[Signature]*

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP

Sworn to and subscribed before me by Amy Cearnal this the 28th day of April, 2023 to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_.

(street)

(city)

(state)

(zip code)

(country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(month)

(year)

Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME <i>Amy CERNAL</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 115289.39
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1500.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	SCHEDULE E: LOANS	\$ 0.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 73524.69
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 5161.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 1 of 7
2 FILER NAME Amy CARNAL		3 Filer ID (Ethics Commission Filers)
4 Date 3/28/23	5 Full name of contributor out-of-state PAC (ID#: KATHLEEN ROARK 6 Contributor address; City; State; Zip Code 5900 ROSEMONT CT, ARLINGTON, TX 76017	7 Amount of contribution (\$) 3000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/29/23	Full name of contributor out-of-state PAC (ID#: TOY WOOLEY Contributor address; City; State; Zip Code 4708 HILLSIDE DR, ARLINGTON, TX 76013	Amount of contribution (\$) 260.73
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/29/23	Full name of contributor out-of-state PAC (ID#: JOHN MORITZ Contributor address; City; State; Zip Code 2111 N COLLINS #323, ARLINGTON, TX 76011	Amount of contribution (\$) 25000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/31/23	Full name of contributor out-of-state PAC (ID#: STEPHEN E CAVENDER Contributor address; City; State; Zip Code 2111 N. COLLINS #323, ARLINGTON, TX 76011	Amount of contribution (\$) 2500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2 of 7
2 FILER NAME Amy CERNAL		3 Filer ID (Ethics Commission Filers)
4 Date 3/31/23	5 Full name of contributor out-of-state PAC (ID#: CHRISTY J. & RONNIE HAMMONS 6 Contributor address; City; State; Zip Code 1320 HOLLY HILL DR., GRAND PRAIRIE, TX 75052	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/31/23	Full name of contributor out-of-state PAC (ID#: BEVERLY REILLY Contributor address; City; State; Zip Code 1017 S FM ROAD S, ALEDO, TX 76008	Amount of contribution (\$) 3000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/31/23	Full name of contributor out-of-state PAC (ID#: GERALD H STROOL Contributor address; City; State; Zip Code 2808 FARMOUT ST. #100, DALLAS, TX 75201	Amount of contribution (\$) 25000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/5/23	Full name of contributor out-of-state PAC (ID#: JIM COFFMAN Contributor address; City; State; Zip Code 4707 WILLOW PARK DR., ARLINGTON, TX 76017	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3 of 7
2 FILER NAME Amy COARNAL		3 Filer ID (Ethics Commission Filers)
4 Date 4/6/23	5 Full name of contributor LARRY HURLEY out-of-state PAC (ID#: 6 Contributor address; 6724 JOHNS CT., ARLINGTON, TX 76016 City; State; Zip Code	7 Amount of contribution (\$) 521.15
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/10/23	Full name of contributor LINDA FULTON out-of-state PAC (ID#: Contributor address; 1419 COUNTRY CLUB RD, ARLINGTON, TX 76013 City; State; Zip Code	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/12/23	Full name of contributor JOHN MORITZ out-of-state PAC (ID#: Contributor address; 2111 N COLLINS #323, ARLINGTON, TX 76011 City; State; Zip Code	Amount of contribution (\$) 25000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/12/23	Full name of contributor WILLIAM SNIDER out-of-state PAC (ID#: Contributor address; 2111 N COLLINS #323, ARLINGTON, TX 76011 City; State; Zip Code	Amount of contribution (\$) 2500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4 of 7
2 FILER NAME Amy CERNAL		3 Filer ID (Ethics Commission Filers)
4 Date 4/11/23	5 Full name of contributor out-of-state PAC (ID#: ALLISON FARRELL	7 Amount of contribution (\$) 250.00
6 Contributor address; City; State; Zip Code 2111 WIMBLEDON DR, ARLINGTON, TX 76017		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/11/23	Full name of contributor out-of-state PAC (ID#: GERALD & MARGARET LIVELY	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 3607 LAKE PONTCHARTRAIN DR, ARLINGTON, TX 76014		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/11/23	Full name of contributor out-of-state PAC (ID#: AL & LORRAINE VINCENT	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code 6707 GLADE DR, ARLINGTON, TX 76001		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/13/23	Full name of contributor out-of-state PAC (ID#: VERONICA JONES	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 6408 KNOTTINGHAM DR, ARLINGTON, TX 76001		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

5 of 7

2 FILER NAME

AMY CERNAL

3 Filer ID (Ethics Commission Filers)

4 Date

4/14/23

5 Full name of contributor

DOYLE JONES

out-of-state PAC (ID#)

7 Amount of contribution (\$)

100.00

6 Contributor address;

City;

State;

Zip Code

6408 KNOTTINGHAM DR., ARLINGTON, TX 76001

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/14/23

Full name of contributor

LINDA SIMPSON

out-of-state PAC (ID#)

Amount of contribution (\$)

104.48

Contributor address;

City;

State;

Zip Code

5900 DRY CREEK LN, ARLINGTON, TX 76017

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/15/23

Full name of contributor

CALVIN N. MCKAY

out-of-state PAC (ID#)

Amount of contribution (\$)

200.00

Contributor address;

City;

State;

Zip Code

1203 CANTERBURY CT., ARLINGTON, TX 76013

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/17/23

Full name of contributor

GERALD H. STOOL

out-of-state PAC (ID#)

Amount of contribution (\$)

25000.00

Contributor address;

City;

State;

Zip Code

2808 FARMOUNT ST. #100, DALLAS, TX 75201

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6 of 7
2 FILER NAME AMY CARNAL		3 Filer ID (Ethics Commission Filers)
4 Date 4/19/23	5 Full name of contributor out-of-state PAC (ID#: JOHN NISK 6 Contributor address; City; State; Zip Code 5309 HIBBS DR, FORT WORTH, TX 76139	7 Amount of contribution (\$) 104.48
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/20/23	Full name of contributor out-of-state PAC (ID#: KIMBERLY FITZPATRICK Contributor address; City; State; Zip Code 2800 RAN FOREST CT, SOUTHLAKE, TX 76092	Amount of contribution (\$) 521.15
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/23/23	Full name of contributor out-of-state PAC (ID#: PATRICIA BURKS Contributor address; City; State; Zip Code 7009 BIG BEAR LAKE, ARLINGTON, TX 76016	Amount of contribution (\$) 52.40
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/26/23	Full name of contributor out-of-state PAC (ID#: JUDY J. + JOHN R. MORRIS Contributor address; City; State; Zip Code 2903 HARDER LN., ARLINGTON, TX 76016	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>7 of 7</b>
2 FILER NAME <b>AMY CARNAL</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/26/23</b>	5 Full name of contributor out-of-state PAC (ID#: <b>JACOB SUMPTER</b> <hr/> 6 Contributor address; City; State; Zip Code <b>7011 LAKE POWELL DR, ARLINGTON, TX 76016</b>	7 Amount of contribution (\$) <b>350.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <b>4/26/23</b>	Full name of contributor out-of-state PAC (ID#: <b>HOLLY CHONIN</b> <hr/> Contributor address; City; State; Zip Code <b>7105 LAKE LOUISE DR., ARLINGTON, TX 76016</b>	Amount of contribution (\$) <b>750.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor out-of-state PAC (ID#: <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor out-of-state PAC (ID#: <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <b>1 of 8</b>	
2 FILER NAME <b>AMY CARNAL</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>1500.00</b>	
5 Date <b>4/4/23</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>JULIE CASTLEBERRY</b>	8 Amount of Contribution \$ <b>75.00</b>	9 In-kind contribution description <b>MEET &amp; GREET SNACKS x 2</b>
7 Contributor address; City; State; Zip Code <b>917 ROSS TR., ARLINGTON, TX 76012</b>		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date <b>4/5/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>PAULINA FAUNDEZ</b>	Amount of Contribution \$ <b>100.00</b>	In-kind contribution description <b>MEET &amp; GREET SNACKS</b>
Contributor address; City; State; Zip Code <b>1809 WINEWOOD LN., ARLINGTON, TX 76013</b>		Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <b>2 of 8</b>	
2 FILER NAME <b>AMY CERNAL</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <b>4/6/23</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>LISA MCCULLOCH</b>	8 Amount of Contribution \$ <b>50.00</b>	9 In-kind contribution description <b>MEET &amp; GREET SNACKS</b>
7 Contributor address; City; State; Zip Code <b>1902 CHAMMONT CT., ARLINGTON, TX 76013</b>		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date <b>4/10/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>TERRI ALLEN</b>	Amount of Contribution \$ <b>200.00</b>	In-kind contribution description <b>MEET &amp; GREET SNACKS</b>
Contributor address; City; State; Zip Code <b>4324 COBALT BLOOM CT., ARLINGTON, TX 76003</b>		Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <b>3 of 6</b>	
2 FILER NAME <b>AMY CEARNAI</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <b>4/11/23</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>CONNIE CANNOLAS</b>	8 Amount of Contribution \$ <b>75.00</b>	9 In-kind contribution description <b>MEET &amp; GREET SNACKS</b>
7 Contributor address; City; State; Zip Code <b>2818 PEACHTREE LN., PANTAGO, TX 76013</b>		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date <b>4/11/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>BROOKE &amp; JOSH ADAMS</b>	Amount of Contribution \$ <b>150.00</b>	In-kind contribution description <b>MEET &amp; GREET SNACKS X2</b>
Contributor address; City; State; Zip Code <b>1200 CANTERBURY CT., ARLINGTON, TX 76013</b>		Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
 If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <b>4 of 8</b>	
2 FILER NAME <b>AMY CERNAL</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <b>4/13/23</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>JASON PAREDES</b>	8 Amount of Contribution \$ <b>75.00</b>	9 In-kind contribution description <b>MEET &amp; GREET SNACKS</b>
7 Contributor address; City; State; Zip Code <b>6200 WATERVIEW DR., ARLINGTON, TX 76016</b>		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date <b>4/13/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>BRITTANY MARTIN</b>	Amount of Contribution \$ <b>50.00</b>	In-kind contribution description <b>MEET &amp; GREET SNACKS</b>
Contributor address; City; State; Zip Code <b>2000 CLIFFSIDE DR., ARLINGTON, TX 76010</b>		Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <b>5 of 8</b>	
2 FILER NAME <b>AMY CERNAL</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <b>4/16/23</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>LINTON DAVIS</b>	8 Amount of Contribution \$ <b>50.00</b>	9 In-kind contribution description <b>MEET + GREET SNACKS</b>
7 Contributor address; City; State; Zip Code <b>5108 RIVER RIDGE RD, ARLINGTON, TX 76017</b>		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date <b>4/16/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>MIRIAM WILLIAMSON</b>	Amount of Contribution \$ <b>50.00</b>	In-kind contribution description <b>MEET + GREET SNACKS</b>
Contributor address; City; State; Zip Code <b>5601 QUAIL LN, ARLINGTON, TX 76016</b>		Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <div style="text-align: right;">6 of 8</div>	
2 FILER NAME <div style="text-align: center;">AMY CARNAL</div>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 4/17/23	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MICHELE JORDAN	8 Amount of Contribution \$ 100.00	9 In-kind contribution description MEET + GREET SNACKS / PLACE
7 Contributor address; City; State; Zip Code 7002 LAKE LOUISE DR. ARLINGTON, TX 76016		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date 4/18/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MIKE O'DONNELL	Amount of Contribution \$ 125.00	In-kind contribution description MEET + GREET SNACKS
Contributor address; City; State; Zip Code 4001 FAIRWAY CT., ARLINGTON, TX 76013		Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
 If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <b>7 of 8</b>	
2 FILER NAME <b>AMY CARNAL</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <b>4/19/23</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>CHRISTY COOKE</b>	8 Amount of Contribution \$ <b>175.00</b>	9 In-kind contribution description <b>MEET &amp; GREET SNACKS</b>
7 Contributor address; City; State; Zip Code <b>5611 S. ARCHBRIDGE CT., ARLINGTON, TX 76017</b>		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date <b>4/20/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>LULI SERI</b>	Amount of Contribution \$ <b>75.00</b>	In-kind contribution description <b>MEET &amp; GREET SNACKS</b>
Contributor address; City; State; Zip Code <b>2208 PARK HILL DR, ARLINGTON, TX 76012</b>		Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <div style="text-align: center;">8 of 8</div>	
2 FILER NAME <div style="text-align: center;">AMY CARNAL</div>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <div style="text-align: center;">4/22/23</div>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <div style="text-align: center;">BEVERLY SLACK</div>	8 Amount of Contribution \$ <div style="text-align: center;">50.00</div>	9 In-kind contribution description <div style="text-align: center;">MEET &amp; GREET SNACKS</div>
7 Contributor address; City; State; Zip Code <div style="text-align: center;">6300 AMICABLE DR., ARLINGTON, TX 76016</div>		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date <div style="text-align: center;">4/23/23</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <div style="text-align: center;">MELISSA SHAFFER</div>	Amount of Contribution \$ <div style="text-align: center;">100.00</div>	In-kind contribution description <div style="text-align: center;">MEET &amp; GREET SNACKS</div>
Contributor address; City; State; Zip Code <div style="text-align: center;">1703 VENERAN CIR, ARLINGTON, TX 76013</div>		Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1 of 7	2 FILER NAME Amy CERNAL	3 Filer ID (Ethics Commission Filers)
4 Date 3/30/23	5 Payee name Axiom	
6 Amount (\$) 1582.00	7 Payee address; City; State; Zip Code 800 W. 47th St. #200, KANSAS CITY, MO 64112	
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description FLYERS
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Amy CERNAL		
Office sought MAYOR OF AKLINGTON		
Office held		
Date 3/31/23	Payee name Axiom	
Amount (\$) 17157.00	Payee address; City; State; Zip Code 800 W. 47th St. #200, KANSAS CITY, MO 64112	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description MAIL
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Amy CERNAL		
Office sought MAYOR OF AKLINGTON		
Office held		
Date 3/31/23	Payee name Axiom	
Amount (\$) 11513.00	Payee address; City; State; Zip Code 800 W 47th St. #200, KANSAS CITY, MO 64112	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description MAIL
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Amy CERNAL		
Office sought MAYOR OF AKLINGTON		
Office held		

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

If the requested information is not applicable, DO NOT include this page in the report.

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 of 7	2 FILER NAME AMY CERNAL	3 Filer ID (Ethics Commission Filers)
4 Date 3/31/23	5 Payee name Axiom	
6 Amount (\$) 9615.05	7 Payee address; City; State; Zip Code 800 W 47th ST. #200, KANSAS CITY, MO 64112	
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description MAIL
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name AMY CERNAL	Office sought MAYOR OF ARLINGTON
Date 3/29/23	Payee name ANEDOT	
Amount (\$) 1011.03	Payee address; City; State; Zip Code 1340 POU DRAS ST. #1770, NEW ORLEANS, LA 70112	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) SOLICITATION/FUNDRAISING EXPENSE	Description CARD FEES
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name AMY CERNAL	Office sought MAYOR OF ARLINGTON
Date 4/8/23	Payee name ANEDOT	
Amount (\$) 29.45	Payee address; City; State; Zip Code 1340 POU DRAS ST #1770, NEW ORLEANS, LA 70112	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) SOLICITATION/FUNDRAISING EXPENSE	Description CARD FEES
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name AMY CERNAL	Office sought MAYOR OF ARLINGTON

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

If the requested information is not applicable, DO NOT include this page in the report.

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3 of 7		2 FILER NAME AMY CERNAL		3 Filer ID (Ethics Commission Filers)	
4 Date 4/11/23		5 Payee name ANEDOT			
6 Amount (\$) 14.60		7 Payee address; City; State; Zip Code 1340 POYDRAS ST. #1770, NEW ORLEANS, LA 70112			
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) SOLICITATION/FUNDRAISING EXPENSE		(b) Description CARD FEES		
	(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name AMY CERNAL		Office sought MAYOR OF ARLINGTON	
Date 4/12/23		Payee name ANEDOT			
Amount (\$) 1100.60		Payee address; City; State; Zip Code 1340 POY DRAS ST. #1770, NEW ORLEANS, LA 70112			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) SOLICITATION/FUNDRAISING EXPENSE		Description CARD FEES		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name AMY CERNAL		Office sought MAYOR OF ARLINGTON	
Date 4/14/23		Payee name ANEDOT			
Amount (\$) 13.08		Payee address; City; State; Zip Code 1340 POYDRAS ST. #1770, NEW ORLEANS, LA 70112			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) SOLICITATION/FUNDRAISING EXPENSE		Description CARD FEES		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name AMY CERNAL		Office sought MAYOR OF ARLINGTON	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4 of 7		2 FILER NAME AMY CERNAL		3 Filer ID (Ethics Commission Filers)	
4 Date 4/20/23		5 Payee name ANEDOT			
6 Amount (\$) 25.63		7 Payee address; City; State; Zip Code 1340 POYDRAS ST. #1770, NEW ORLEANS, LA 70112			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) SOLICITATION/FUNDRAISING EXPENSE		(b) Description CARD FEES		
	(c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name AMY CERNAL		Office sought MAYOR OF ARLINGTON	
Date 4/23/23		Payee name ANEDOT			
Amount (\$) 2.40		Payee address; City; State; Zip Code 1340 POYDRAS ST. #1770, NEW ORLEANS, LA 70112			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) SOLICITATION/FUNDRAISING EXPENSE		Description CARD FEES		
	Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name AMY CERNAL		Office sought MAYOR OF ARLINGTON	
Date 4/26/23		Payee name ANEDOT			
Amount (\$) 44.60		Payee address; City; State; Zip Code 1340 POYDRAS ST. #1770, NEW ORLEANS, LA 70112			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) SOLICITATION/FUNDRAISING EXPENSE		Description CARD FEES		
	Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name AMY CERNAL		Office sought MAYOR OF ARLINGTON	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

If the requested information is not applicable, DO NOT include this page in the report.

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5 of 7	2 FILER NAME Amy CARNAL	3 Filer ID (Ethics Commission Filers)
4 Date 3/28/23	5 Payee name ANEDOT	
6 Amount (\$) 120.30	7 Payee address; City; State; Zip Code 1340 PO4 DRAS ST. #1770, NEW ORLEANS, LA 70112	
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) SOLICITATION / FUNDRAISING EXPENSE	(b) Description CARD FEES
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Amy CARNAL		
Office sought MAYOR OF ARLINGTON		
Office held		
Date 4/2/23	Payee name VANTAGE ROI, LLC	
Amount (\$) 1123.20	Payee address; City; State; Zip Code PO BOX 340 B36. AUSTIN, TX 78734	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE	Description CONSULTING
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Amy CARNAL		
Office sought MAYOR OF ARLINGTON		
Office held		
Date 4/15/23	Payee name CITI	
Amount (\$) 18608.90	Payee address; City; State; Zip Code BOX 6062, SIOUX FALLS, SD 57117	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CREDIT CARD PAYMENT	Description LAST REPORT
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Amy CARNAL		
Office sought MAYOR OF ARLINGTON		
Office held		

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 6 of 37		2 FILER NAME Amy CERNAL		3 Filer ID (Ethics Commission Filers)	
4 Date 3/31/23		5 Payee name PRECISION PRESS			
6 Amount (\$) 656.70		7 Payee address; City; State; Zip Code 900 W MAIN ST., ARLINGTON, TX 76013			
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		(b) Description FLYERS		
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>				
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Amy CERNAL		Office sought MAYOR OF ARLINGTON	
Date 4/10/23		Payee name WIX			
Amount (\$) 24.89		Payee address; City; State; Zip Code 40 NAMIAL, TEL AVIV, 6350671 ISRAEL			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		Description WEBSITE		
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>				
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Amy CERNAL		Office sought MAYOR OF ARLINGTON	
Date 4/10/23		Payee name MAILCHIMP C/O THE ROCKET SCIENCE GROUP, LLC			
Amount (\$) 37.90		Payee address; City; State; Zip Code 675 PONCE DE LEON AVE NE #5000, ATLANTA, GA 30308			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		Description EMAIL		
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>				
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Amy CERNAL		Office sought MAYOR OF ARLINGTON	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

If the requested information is not applicable, DO NOT include this page in the report.

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>3 of 3</b>		2 FILER NAME <b>AMY CERNAL</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>4/12/23</b>		5 Payee name <b>REMINGTON RESEARCH GROUP</b>			
6 Amount (\$) <b>5000.00</b>		7 Payee address; City; State; Zip Code <b>800 W 47TH ST #200, KANSAS CITY, MO 64112</b>			
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>POLLING EXPENSE</b>		(b) Description <b>POLL</b>		
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>AMY CERNAL</b>		Office sought <b>MAYOR OF ARLINGTON</b>	
Date <b>4/17/23</b>		Payee name <b>BUILD A SIGN, LLC</b>			
Amount (\$) <b>844.36</b>		Payee address; City; State; Zip Code <b>11525 A STONEHOLLOW DR. #100, AUSTIN, TX 78758</b>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>		Description <b>SIGNS</b>		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>AMY CERNAL</b>		Office sought <b>MAYOR OF ARLINGTON</b>	
Date <b>4/24/23</b>		Payee name <b>AMY CERNAL</b>			
Amount (\$) <b>5000.00</b>		Payee address; City; State; Zip Code <b>403T APPIAN WAY, ARLINGTON, TX 76013</b>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>LOAN REPAYMENT</b>		Description <b>REIMBURSEMENT</b>		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
				Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

# UNPAID INCURRED OBLIGATIONS

## SCHEDULE F2

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: <b>1 of 1</b>	2 FILER NAME <b>AMY CERNAL</b>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$ <b>5161.00</b>
5 Date	6 Payee name <b>AXIOM</b>	
7 Amount (\$) <b>5161.00</b>	8 Payee address; City; State; Zip Code <b>800 W 47th ST. #200, KANSAS CITY, MO 64112</b>	
9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	(b) Description <b>MAIL</b>
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name: <b>AMY CERNAL</b> Office sought: <b>MAYOR OF ARLINGTON</b> Office held:	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name:         Office sought:         Office held:	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		